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Original Article

The Mediating Role of Authenticity in Relationships and Mental Health Between Cognitive Flexibility and Marital Satisfaction

Zahra Rahandaz[1], Mehrnaz Azad Yekta[2]*, Afshin Salahian[3]

[1]*Department of Psychology, SR.C., Islamic Azad University, Tehran, Iran.*
[2]*Department of Psychology, Islamshahr Branch, Islamic Azad University, Islamshahr, Iran.*
[3]*Department of Psychology, Payame Noor University, Tehran, Iran.*

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Abstract

Background and Aim: Marital satisfaction is a key factor in individual well-being and family stability. Married women often face heightened vulnerability to mental health challenges, highlighting the need to identify protective factors. Cognitive flexibility—the ability to adapt thoughts and behaviors to situational demands—has been linked to psychological adjustment and relationship quality. Authenticity in relationships, reflecting genuine self-expression and mutual understanding, may further enhance marital satisfaction. This study examined the mediating roles of authenticity in relationships and mental health in the association between cognitive flexibility and marital satisfaction among married women.

Materials and Methods: A descriptive-correlational, cross-sectional design was utilized. The study population consisted of married women aged 22–52 years residing in Tehran, Iran, between December 2023 and May 2024, with a minimum marriage duration of one year. Using multistage cluster sampling, 318 participants were recruited, and data from 310 valid questionnaires were analyzed. The instruments included the Cognitive Flexibility Inventory (CFI), the Authenticity Scale (AS), the General Health Questionnaire-28 (GHQ-28), and the Marital Satisfaction Scale (MSS). Data were analyzed using structural equation modeling via partial least squares (PLS-SEM) in SmartPLS 4, alongside descriptive statistics in SPSS 27.

Results: Cognitive flexibility was positively associated with authenticity in relationships and better mental health. Both authenticity in relationships and mental health fully mediated the association between cognitive flexibility and marital satisfaction, whereas the direct effect of cognitive flexibility on marital satisfaction was not statistically significant.

Conclusion: Cognitive flexibility enhances marital satisfaction among married women through the complete mediation of mental health and authenticity in relationships. These findings highlight the importance of these pathways for designing couple-based interventions and warrant further longitudinal research.

Keywords: Authenticity in relationships; Cognitive flexibility; Mental health; Marital satisfaction; Married women

***Corresponding Author:** Mehrnaz Azad Yekta, Department of Psychology, Islamshahr Branch, Islamic Azad University, Islamshahr, Iran.
Email: m.azadyekta@iau.ac.ir
ORCID: 0000-0003-2723-3077

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Introduction

Marriage is a fundamental social institution that profoundly impacts both individual well-being and family functioning (1). Married individuals generally report higher levels of well-being than their single or divorced counterparts. Conversely, unhappy marriages are linked to poorer health outcomes (2). Marriage provides essential emotional support, intimacy, and overall life satisfaction, playing a central role in family formation by addressing a wide range of psychological and physical needs (3).

Marital satisfaction—defined as spouses' feelings of contentment and happiness within the relationship—is crucial for psychosocial health, overall quality of life (4), and children's development, academic performance, social skills, and interpersonal relationships (5). Therefore, identifying psychological constructs that enhance marital satisfaction is of paramount importance.

Studies conducted in Iran indicate that a substantial number of couples experience dissatisfaction in their marital relationships. This dissatisfaction has been reported to account for approximately 50–60% of divorces and 40% of covert relational betrayals (6). Women's well-being is especially critical in this context, as it directly influences marital quality and overall family functioning (7). Despite their central role, women face increasing mental health challenges (8); approximately 5% of adults globally experience depression, with women being more disproportionately affected than men (9). In Iran, where marital satisfaction holds strong cultural significance, unsuccessful marriages can have serious personal and social consequences (10). Considering these factors, the present study focuses specifically on married women to better understand the psychological factors that contribute to marital satisfaction and family well-being.

One such construct is cognitive flexibility, defined as the ability to adapt thoughts and behaviors in response to changing environmental demands. It is crucial for managing stress and promoting positive mental and physical health (11–13). Additionally, studies consistently demonstrate a positive association between cognitive flexibility and mental health (14–17). Specifically, research findings indicate that cognitive flexibility and cognitive emotion regulation play key roles in predicting social anxiety and the perception of anxiety control (18).

Mental health, in turn, is a key determinant of overall well-being, with marital satisfaction serving as a significant aspect of life satisfaction. A strong marital relationship supports mental health, whereas marital conflicts can exacerbate depressive symptoms (8, 19). Existing evidence indicates that mental health mediates the effect of psychological flexibility on life satisfaction (16). Building on these findings, we hypothesize that cognitive flexibility may enhance marital satisfaction by promoting better mental health.

In addition to mental health, authenticity in relationships may also mediate the association between cognitive flexibility and marital satisfaction. Authenticity in relationships refers to the congruence between one's true self and overt behaviors or communications within the relational context (20). It also encompasses genuine self-expression while supporting the partner's authenticity (12, 21). Furthermore, authenticity in relationships is a fundamental factor in fostering deep mutual understanding, trust, and the constructive resolution of interpersonal challenges. When partners are genuine, their ability to understand each other's needs and emotions is enhanced, their capacity for collaborative conflict resolution is strengthened, and intimacy and trust are cultivated, thereby creating a safe space for the open expression of feelings and concerns (21).

Empirical evidence consistently indicates that higher levels of authenticity are associated with better relationship quality, greater trust, increased self-disclosure, and stronger perceived social support. These factors significantly contribute to overall life satisfaction, including marital satisfaction (12, 22, 23). Moreover, dispositional authenticity has been positively linked to psychological well-being, life satisfaction, and self-esteem; longitudinal analyses show that higher initial authenticity predicts increased life satisfaction and decreased distress over time (22). Authenticity has also been shown to have an inverse association with psychological vulnerability, depressive symptoms, negative affect, anxiety, and stress (21, 22).

Furthermore, cognitive flexibility has consistently been

identified as a significant predictor of authenticity (12). Individuals with higher cognitive flexibility are better able to express their true selves and navigate relational dynamics authentically, as flexible thinking enables them to overcome excessive self-restraint and act in accordance with their values and emotions (12, 19).

Regarding marital satisfaction, existing studies have produced mixed findings. While one study found no significant association between cognitive flexibility and marital satisfaction (19), several others have demonstrated that greater cognitive flexibility directly predicts higher marital satisfaction. This may be because cognitively flexible individuals can more effectively adjust their thoughts and behaviors to the evolving demands of complex relational situations, thereby fostering harmony and satisfaction within the marriage (24).

Previous studies have examined mental health as a mediating variable between psychological flexibility and life satisfaction (16), whereas the present study focuses specifically on cognitive flexibility and marital satisfaction. Furthermore, no research to date has examined authenticity as a mediator in the pathway between cognitive flexibility and marital satisfaction. Addressing this gap may provide a deeper understanding of the psychological mechanisms underlying marital quality. Moreover, the simultaneous mediating roles of mental health and authenticity in the relationship between cognitive flexibility and marital satisfaction have not been examined in previous literature. Investigating this unique combination will allow us to explore the complex and multidimensional mechanisms affecting marital satisfaction, thereby laying the groundwork for advancing theoretical frameworks and developing practical strategies to enhance relationship quality.

Therefore, this study aims to examine the mediating roles of authenticity in relationships and mental health in the association between cognitive flexibility and marital satisfaction. Specifically, this research investigates whether cognitive flexibility enhances marital satisfaction by fostering authenticity in relationships and supporting mental health while navigating relational challenges (see Figure 1).

Methods

The present study employed a descriptive–correlational design. Data were analyzed using structural equation modeling with a variance-based approach (PLS-SEM) in SmartPLS 4. The disjoint two-stage approach was applied to estimate the higher-order constructs and to assess both the measurement and structural models. This method was selected due to its suitability for analyzing complex models, multiple relationships among variables, and multidimensional constructs (25).

The study population comprised married women residing in Tehran, aged 22–52 years, with a minimum marriage duration of one year. The minimum required sample size was estimated using G*Power version 3.1 (26) based on multiple regression analysis, with a statistical power of 0.95, a significance level of 0.01, and a medium effect size of 0.15, yielding a minimum of 214 participants (Figure 2).

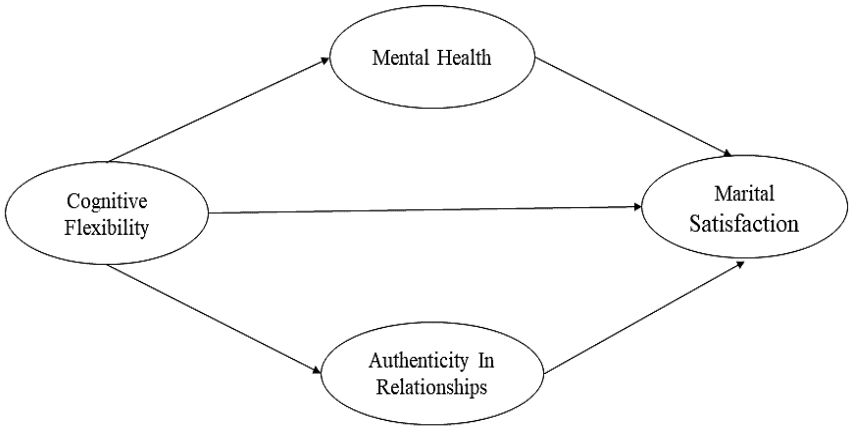

Figure 1. Conceptual model of the study.

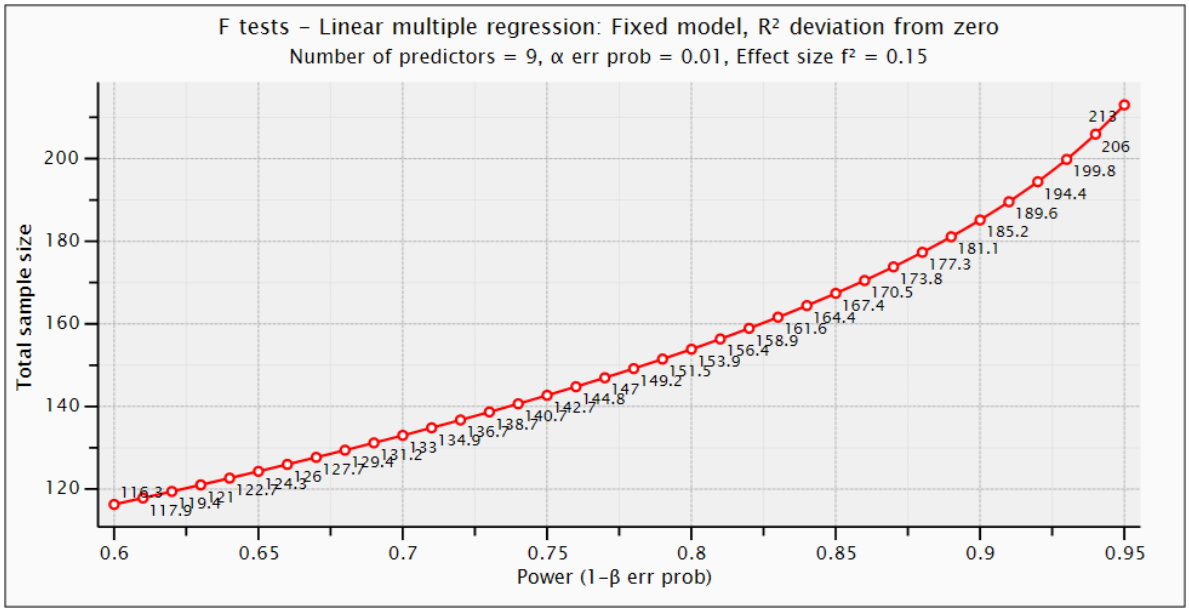

Figure 2. Sample size estimation using G*Power (version 3.1).

To ensure statistical robustness and account for potential non-response, an oversampling strategy was employed to address expected data attrition (approximately 20–25% due to invalid, outlier, or indifferent responses), enhance statistical power for mediation analyses and multiple comparisons, and accommodate the practical challenges of online recruitment across six geographically diverse clusters. Consequently, a target of over 300 participants was established, and data were collected from 318 individuals during 2023–2024. Following data screening to remove incomplete, careless, or outlier responses, 310 valid questionnaires (retention rate: 97.5%) were retained for final analysis.

PLS-SEM analysis proceeded with the assessment of data normality using skewness and kurtosis measures (|skewness| < 2, |kurtosis| < 7). Bootstrapping with 5,000 subsamples was employed as a non-parametric resampling method for robust path coefficient estimation. The measurement model was evaluated for reliability (Cronbach's α > 0.70; Composite Reliability [CR] > 0.70), convergent validity (Average Variance Extracted [AVE] > 0.50), and discriminant validity (Heterotrait-Monotrait [HTMT] ratio < 0.85; Fornell–Larcker criterion). The structural model assessment included multicollinearity checks (Variance Inflation Factor [VIF] < 5), explanatory and predictive power (R^2, f^2, and Q^2 via blindfolding), and overall model fit indices (SRMR < 0.08; NFI > 0.90; and Goodness-of-Fit [GOF]) (27). Descriptive statistics were computed using SPSS version 26.

Sampling was conducted using a multistage cluster method: first, six districts were randomly selected from Tehran's 22 districts. Within each selected district, approximately 53 participants (≈318/6) meeting the inclusion criteria were recruited online via social media platforms and university networks using convenience sampling. This approach ensured a relatively balanced geographic representation across the sampled districts. The final sample size provided sufficient statistical power and precision for all subsequent analyses.

Materials

General Health Questionnaire (GHQ-28)

The 28-item General Health Questionnaire (GHQ-28), developed by Goldberg and Hillier through factor analysis of the original 60-item version (28), evaluates psychological well-being over the preceding month, focusing on observable behaviors and recent manifestations of abnormal thoughts and feelings. The instrument comprises four subscales, each containing seven items:

- **Somatic Symptoms** (items 1–7), addressing physical complaints linked to psychological distress;

- **Anxiety and Insomnia** (items 8–14), assessing symptoms of nervous insomnia, anxiety, and tension;
- **Social Dysfunction** (items 15–21), reflecting difficulties in social interactions and daily functioning;
- **Severe Depression** (items 22–28), focusing on depressive tendencies and suicidal ideation.

Regarding reliability, Goldberg and Williams reported a split-half reliability of 0.95 (29), while Chan (30) obtained a Cronbach's alpha of 0.93. In Iran, Taghavi (31) reported reliability coefficients of 0.93 for test-retest, 0.70 for split-half, and 0.90 for Cronbach's alpha. Concurrent validity with the Middlesex Hospital Questionnaire was 0.55, with subscale correlations to the total score ranging from 0.72 to 0.87 (32). In the present study, the internal consistency of the subscales and the overall scale was assessed using Cronbach's alpha, yielding the following coefficients: somatic symptoms (0.838), anxiety (0.854), social dysfunction (0.704), and depression (0.887), with an overall scale reliability of 0.922, indicating excellent internal consistency.

Marital Satisfaction Scale

The Marital Satisfaction Scale, developed by Hendrick, measures individuals' overall satisfaction with close and intimate relationships. It consists of seven items rated on a 5-point Likert scale (ranging from low to high satisfaction), with higher scores indicating greater marital satisfaction. Initial validation studies reported a correlation of 0.48 with the Dyadic Adjustment Scale. Correlations of 0.74 for women and 0.64 for men with the Kansas Marital Satisfaction Scale have also been reported (33). Vaughn and Matyastik Baier (34) documented a reliability coefficient of 0.91.

In Iran, Dehshiri and Mousavi (35) confirmed the scale's unidimensional structure and reported an internal consistency coefficient of 0.88. Convergent validity was established through correlations with the Oxford Happiness Questionnaire and the Life Satisfaction Scale, supporting the strong psychometric properties of the instrument. In the present study, Cronbach's alpha was calculated using SPSS, yielding a coefficient of 0.912, which indicates high internal consistency.

Relationship Authenticity Scale

The Relationship Authenticity Scale, developed by Lopez and Rice, measures authenticity in relationships across two subscales: Unacceptability of Deception (UOD) and Intimate Risk-Taking (IRT). The scale consists of items rated on a 9-point Likert scale, ranging from 1 (not at all true) to 9 (completely true). The developers reported Cronbach's alpha values of 0.88 for the UOD subscale and 0.86 for the IRT subscale, with a test–retest reliability of r=0.76 (20).

Wickham validated the scale, reporting internal consistency coefficients (Cronbach's alpha) ranging from 0.91 to 0.92 for the UOD subscale and from 0.90 to 0.93 for the IRT subscale across self-report and partner-report versions. Furthermore, confirmatory factor analysis (CFA) supported the instrument's two-factor structure and validity (36). In Iran, Karimian et al. reported an overall internal consistency of 0.773, a test–retest reliability of 0.812, and confirmed the two-factor model (37). In the present study, internal consistency analysis yielded Cronbach's alpha coefficients of 0.872 for IRT, 0.862 for UOD, and 0.900 for the overall scale, indicating high reliability.

Cognitive Flexibility Inventory (CFI)

The Cognitive Flexibility Inventory (CFI) is a 20-item self-report instrument developed by Dennis and Vander Wal to assess cognitive flexibility, defined as the ability to replace maladaptive thoughts with more adaptive ones (38). The instrument uses a 7-point Likert scale ranging from "strongly disagree" to "strongly agree" and evaluates three dimensions:

- Perceived Controllability: the tendency to perceive difficult situations as controllable.
- Perceived Alternatives: the ability to generate multiple alternative solutions to challenging situations.
- Perceived Behavior Justification: the ability to identify alternative explanations for life events and behaviors.

The original study reported Cronbach's alpha coefficients of 0.91 for the total scale, 0.84 for the Controllability subscale, and 0.91 for the Alternatives subscale. Test–retest reliability coefficients were reported as 0.81, 0.77, and 0.75, respectively. Convergent validity with the Martin and Rubin Cognitive Flexibility Scale was reported as r=0.75,

while concurrent validity with the Beck Depression Inventory-II was r=−0.39. In Iran, Shara et al. validated the Persian version of the CFI and identified three factors—Controllability, Alternatives, and Behavior Justification—through exploratory factor analysis, in contrast to the original two-factor structure. Cronbach's alpha coefficients were reported as 0.90 for the total scale and 0.87, 0.89, and 0.55 for the three subscales, respectively. Test–retest reliability coefficients were 0.71 for the total scale and 0.55, 0.72, and 0.57 for the subscales, confirming acceptable reliability and validity (39).

In the present study, internal consistency analysis yielded Cronbach's alpha coefficients of 0.875 for Alternatives, 0.868 for Controllability, 0.806 for Behavior Justification, and 0.893 for the total scale, indicating high internal consistency.

Ethical Considerations: This study was approved by the Ethics Committee of Islamic Azad University, Science and Research Branch, Tehran (Approval Code: IR.IAU.SRB.REC.1403.111). All participants provided written informed consent prior to participation. Data were collected anonymously, kept strictly confidential, and used solely for research purposes.

Results

The sample consisted of 310 married women aged between 22 and 52 years (M=39.06, SD=6.20), all of whom had been married for at least one year.

In terms of employment status, 52.9% were housewives (n=164), 40.6% were employed (n=126), and 6.5% were students (n=20). Regarding educational attainment, 8.1% (n=25) had not completed high school, 22.6% (n=70) held a high school diploma, 7.7% (n=24) held an associate degree, 33.2% (n=103) held a bachelor's degree, 21.9% (n=68) held a master's degree, and 6.5% (n=20) held a doctoral degree or higher. With respect to the number of children, 13.9% (n=43) were childless, 28.1% (n=87) had one child, 48.1% (n=149) had two children, 9.0% (n=28) had three children, 0.6% (n=2) had four children, and 0.3% (n=1) had five children. Descriptive statistics for the main study variables, including mean, standard deviation, minimum, maximum, skewness, and kurtosis, are presented in Table 1. The results showed that all variables were within acceptable ranges of skewness (±2) and kurtosis (±7), indicating approximate normality of the distributions (40).

Correlation Analysis

To examine the preliminary relationships among the study variables and prepare the data for subsequent mediation analysis within the framework of structural equation modeling (SEM), Pearson correlation coefficients were calculated.

This analysis examined the associations among the independent variable—cognitive flexibility and its subscales (Alternatives, Controllability, and Behavior Justification); the mediating variables—authenticity in relationships and its subscales (Intimate Risk-Taking and Unacceptability of Deception), as well as mental health and its subscales (Somatic Symptoms, Anxiety and Insomnia, Social Dysfunction, and Depression); and the dependent variable—marital satisfaction.

Table 1. Descriptive Statistics for the Latent Variables.

Variable	M	SD	Min	Max	Skewness	kurtosis
Cognitive Flexibility	100.97	15.00	53.00	138.00	-0.277	0.122
Alternatives	54.10	7/64	28.00	70.00	-0/65	0.62
Control	36.78	8.81	15.00	55.00	-0.116	-0.736
Alternatives for human behaviors	10.08	2.37	2.00	14.00	-1.21	1.72
Authenticity in Relationships	150.33	25.63	83.00	198.00	-0.474	-0.541
Intimate Risk Taking	71.21	12.51	28.00	90.00	-0.653	-0.121
Unacceptability of Deception	79.11	16.77	27.00	108.00	-0.712	0.31
Mental Health	23.87	12.52	1.00	64.00	0.77	0.21
Somatic Symptoms	6.780	4.02	0.00	18.00	0.570	-0.191
Anxiety and Insomnia	6.62	4.21	0.00	19.00	0.512	-0.415
Social Dysfunction	6.51	3.00	0.00	18.OO	0.61	0.57
Severe Depression	3.95	4.31	0.00	19.00	1.50	1.71
Marital Satisfaction	26.16	6.80	7	35	-0.76	-0.24

It should be noted that, in the mental health questionnaire, lower scores indicate better psychological well-being.

Therefore, a negative correlation between mental health scores and other variables, such as marital satisfaction, indicates that higher levels of those variables are associated with better mental health. Table 2 presents the Pearson correlation coefficients and their significance levels. The results presented in Table 2 indicate that cognitive flexibility and its subscales (Alternatives and Controllability) are positively and significantly correlated with both marital satisfaction and authenticity in relationships ($p<.01$). In addition, better mental health—indicated by lower scores on the instrument—is positively associated with both cognitive flexibility and marital satisfaction. These findings provide preliminary support for the hypothesized mediating roles of relationship authenticity and mental health.

Measurement Model

In this section, the measurement model was evaluated using variance-based structural equation modeling (PLS-SEM) employing a disjoint two-stage approach (25). In the first stage, the reliability and validity of the first-order constructs were assessed to ensure the adequacy of the measurement instruments. In the second stage, the structural model was examined to test the research hypotheses. All analyses were performed using SmartPLS 4.

First-Order Construct Assessment

Indicator Reliability

In the initial phase of the measurement model evaluation, indicator reliability was assessed through an analysis of outer loadings. Following established guidelines, outer loadings greater than 0.70 were considered ideal. However, indicators with loadings between 0.40 and 0.70 were retained based on theoretical relevance and content validity (41). During this evaluation, ten items (Items 22, 23, 45, 48, 49, 53, 56, 57, 62, and 69) were excluded due to low outer loadings (below 0.40) or statistically non-significant t-values ($p > 0.05$).

The removal of these items enhanced key model quality metrics, including Average Variance Extracted (AVE) and Composite Reliability (CR). After item deletion, all remaining indicators demonstrated outer loadings between 0.535 and 0.892. Furthermore, bootstrapping analysis with 5,000 resamples revealed statistically significant t-values (all above 10, $p < 0.001$), confirming strong indicator reliability.

Table 2. Pearson correlation coefficients between study variables.

Correlations	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Cognitive Flexibility	1												
2.Alternatives	.846**	1											
3. Control	.850**	.467**	1										
4. Alternatives for human behaviors	.460**	.415**	.164**	1									
5.Authenticity in Relationships	.323**	.269**	.279**	.147**	1								
6.Intimate Risk Taking	.247**	.246**	.170**	.147**	.830**	1							
7.Unacceptability of Deception	.309**	.227**	.299**	.115*	.909**	.522**	1						
8.Mental Health	-.491**	-.332**	-.521**	-0/103	-.317**	-.296**	-.263**	1					
9.Somatic Symptoms	-.300**	-.183**	-.334**	-0/073	-.219**	-.199**	-.187**	.768**	1				
10.Anxiety and Insomnia	-.446**	-.319**	-.448**	-.134*	-.294**	-.254**	-.260**	.891**	.614**	1			
11.Social Dysfunction	-.465**	-.327**	-.484**	-0/093	-.234**	-.279**	-.149**	.711**	.391**	.528**	1		
12. Depression	-.387**	-.254**	-.428**	-0/037	-.266**	-.234**	-.233**	.824**	.425**	.672**	.487**	1	
13.Marital Satisfaction	.244**	.160**	.262**	0/059	.556**	.562**	.430**	-.422**	-.292**	-.405**	-.276**	-.365**	1

*. Correlation is significant at the 0.05 level (2-tailed). **. Correlation is significant at the 0.01 level (2-tailed).

Construct Reliability and Convergent Validity

Construct-level reliability and convergent validity were assessed using Composite Reliability (CR) and Average Variance Extracted (AVE). The CR values ranged from 0.862 to 0.932, exceeding the recommended threshold of 0.70, while the Cronbach's alpha coefficients for all constructs were above 0.80, indicating strong internal consistency. Convergent validity was confirmed through AVE values, which ranged from 0.511 to 0.834, all surpassing the 0.50 threshold, demonstrating that a substantial portion of the variance was captured by the constructs. The results are summarized in Table 3.

Discriminant Validity

To ensure the measurement model's robustness, discriminant validity was evaluated using two established criteria: The Fornell-Larcker criterion and the Heterotrait-Monotrait (HTMT) ratio. The results, detailed below, confirm the constructs' empirical distinctiveness.

Fornell-Larcker Criterion

Discriminant validity was assessed using the Fornell-Larcker criterion. The square root of each construct's Average Variance Extracted (AVE), ranging from 0.715 to 0.913, exceeded its correlations with other constructs, confirming discriminant validity (42). The results presented in Table 4 indicate that the constructs are empirically distinct.

HTMT Ratio

Discriminant validity was further evaluated using the Heterotrait-Monotrait Ratio (HTMT). All HTMT values, ranging from 0.068 to 0.771, were below the threshold of 0.85 (43).

These findings, summarized in Table 5 support the empirical distinctiveness of the constructs, ensuring the validity of the measurement model for structural analysis.

The measurement model, evaluated using SmartPLS 4.0 (N = 310, 5,000 bootstrap resamples), demonstrated strong indicator reliability, internal consistency, and convergent validity (Table 3), as well as satisfactory discriminant validity (Tables 4 and 5). These results confirm the robustness of the model and justify proceeding to the structural model analysis.

Table 3. Reliability and Convergent Validity of First-Order Constructs.

Construct	Cronbach's alpha	Composite reliability	Average variance extracted (AVE)
Alternatives	0.872	0.899	0.529
Control	0.864	0.895	0.522
Alternatives for human behaviors	0.806	0.909	0.834
Marital Satisfaction	0.914	0.932	0.665
Somatic Symptoms	0.840	0.878	0.511
Anxiety and Insomnia	0.855	0.889	0.536
Social Dysfunction	0.801	0.862	0.556
Depression	0.887	0.911	0.596
Intimate Risk Taking	0.892	0.913	0.541
Unacceptability of Deception	0.843	0.880	0.512

Table 4. Discriminant Validity: Fornell-Larcker Criterion.

	1	2	3	4	5	6	7	8	9	10
1.Intimate Risk Taking	0.736									
2.Unacceptability of Deception	0.520	0.716								
3.Alternatives for human behaviors	0.133	0.132	0.913							
4. Alternatives	0.249	0.251	0.386	0.727						
5.Marital Satisfaction	0.589	0.486	0.062	0.191	0.815					
6.Somatic Symptoms	-0.217	-0.221	-0.078	-0.220	-0.300	0.715				
7..Anxiety and Insomnia	-0.273	-0.320	-0.134	-0.355	-0.406	0.613	0.732			
8.Social Dysfunction	-0.271	-0.179	-0.057	-0.362	-0.264	0.403	0.522	0.746		
9.Depression	-0.265	-0.290	-0.040	-0.289	-0.370	0.444	0.691	0.528	0.772	
10.Control	0.189	0.285	0.168	0.494	0.265	-0.349	-0.462	-0.465	-0.452	0.722

Table 5. Discriminant Validity: Heterotrait-Monotrait Ratio (HTMT).

	1	2	3	4	5	6	7	8	9	10
1.Intimate Risk Taking										
2.Unacceptability of Deception	0.602									
3.Alternatives for human behaviors	0.162	0.154								
4. Alternatives	0.281	0.295	0.476							
5.Marital Satisfaction	0.642	0.523	0.081	0.208						
6.Somatic Symptoms	0.250	0.258	0.099	0.243	0.335					
7..Anxiety and Insomnia	0.318	0.375	0.160	0.397	0.458	0.719				
8.Social Dysfunction	0.320	0.215	0.076	0.420	0.300	0.473	0.612			
9.Depression	0.289	0.320	0.068	0.312	0.400	0.494	0.771	0.593		
10.Control	0.223	0.333	0.204	0.562	0.297	0.390	0.520	0.550	0.487	

Second-Order Measurement Model Assessment

The second-order constructs, analyzed using Smart PLS 4.0 (N = 310, 5,000 bootstrap resamples), demonstrated adequate to strong internal consistency (Cronbach's Alpha ≥ 0.6, CR ≥ 0.7), convergent validity (AVE ≥ 0.5), and discriminant validity (Tables 6-8). Although Cronbach's Alpha values for two constructs ranged between 0.6 and 0.7, these are considered acceptable in the context of multidimensional constructs, where inter-item correlations are typically lower (44, 45). Collectively, these results provide strong evidence for the reliability and validity of the second-order measurement model.

To ensure the empirical distinctiveness of the second-order constructs, discriminant validity was assessed using the Fornell-Larcker criterion. The square root of each construct's Average Variance Extracted (AVE), ranging from 0.744 to 0.872, exceeded its correlations with other constructs, confirming discriminant validity (42). These results are presented in Table 7. To further validate discriminant validity, the Heterotrait-Monotrait Ratio (HTMT) was assessed. All HTMT values, ranging from 0.308 to 0.778, were below the threshold of 0.85, confirming that the constructs are empirically distinct (43). These results are presented in Table 8.

Structural Model Assessment

Following the confirmation of the measurement model, the structural model was evaluated using Smart PLS 4.0 (N = 310, 5,000 bootstrap resamples) to test the hypothesized relationships among the second-order constructs, including cognitive flexibility, authenticity in relationships, mental health, and marital satisfaction. The results of the structural model are illustrated in Figure 3, which presents the path coefficients and R^2 values of the model. The statistical results of the hypothesis testing, including path coefficients, significance levels, and effect sizes (f^2), are summarized in Table 9. The structural model analysis (Table 9) indicates that four of the five proposed hypotheses were supported. Cognitive flexibility had a significant positive effect on authenticity in relationships ($\beta = 0.325$, $t = 6.542$, $p < 0.001$, $f^2 = 0.118$) and a strong effect on mental health ($\beta = -0.525$, $t = 12.803$, $p < 0.001$, $f^2 = 0.381$). It should be noted that mental health was reverse-scored in this study, meaning that higher scores indicated poorer mental health; therefore, the strong negative coefficient reflects a notable improvement in mental health with greater cognitive flexibility. Authenticity in relationships had a strong and significant positive effect on marital satisfaction ($\beta = 0.544$, $t = 11.211$, $p < 0.001$, $f^2 = 0.436$). Mental health also had a significant effect on marital satisfaction ($\beta = -0.242$, $t = 4.140$, $p < 0.001$, $f^2 = 0.070$). Given the reverse scoring of mental health, this negative coefficient indicates that better mental health (lower scores) was associated with higher marital satisfaction. In contrast, the direct effect of cognitive flexibility on marital satisfaction was non-significant ($\beta = -0.041$, $t = 0.765$, $p = 0.444$, $f^2 = 0.002$), suggesting that its influence primarily operates through indirect mechanisms. The proposed model explained 10.5% of the variance in authenticity in relationships ($R^2 = 0.105$, $Q^2 = 0.075$), 27.6% of the variance in mental health ($R^2 = 0.276$, $Q^2 = 0.176$), and 42.8% of the variance in

marital satisfaction (R^2 = 0.428, Q^2 = 0.279) (Table 10). The R^2 values indicate moderate to substantial explanatory power for the endogenous constructs, in line with Cohen's benchmarks (46, p. 413). Effect sizes (f^2) ranged from small to large, consistent with the guidelines provided by Hair et al. (41, p. 780). Additionally, positive Q^2 values suggest the satisfactory predictive relevance of the proposed model. The detailed R^2 and Q^2 values for each endogenous construct are presented in Table 10.

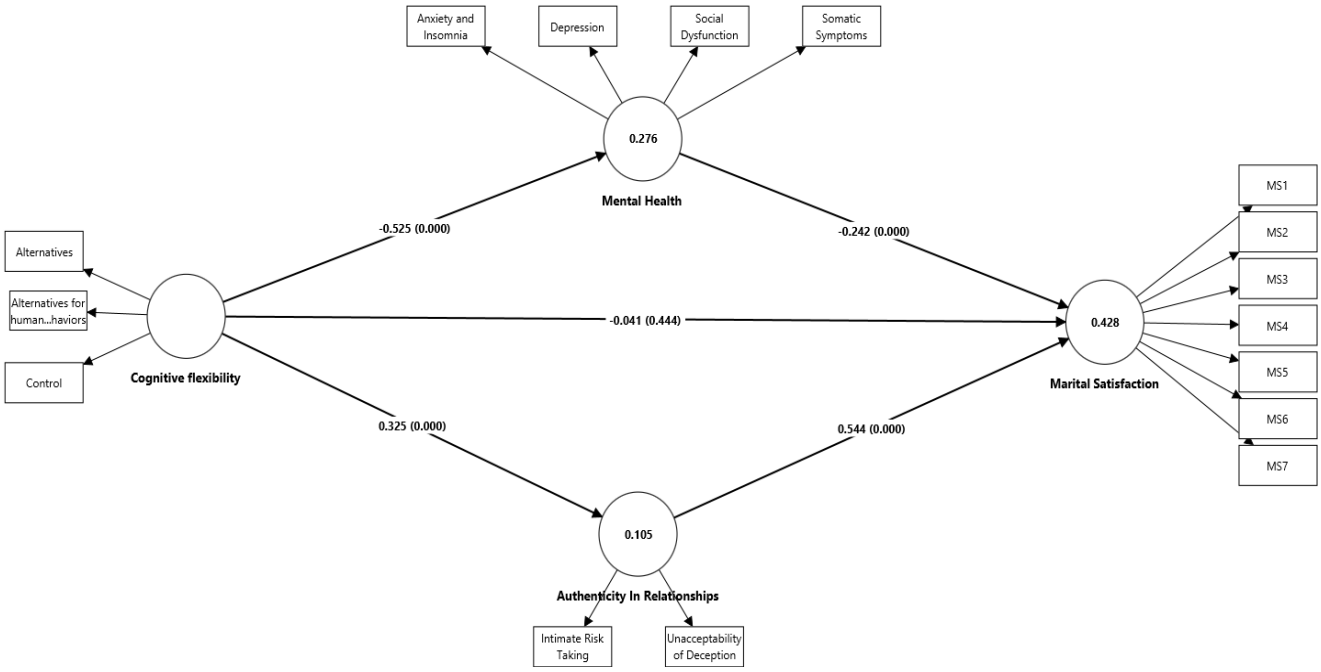

Figure 3. Structural model with path coefficients and R^2 values.

Table 6. Second-Order Constructs: Reliability and Convergent Validity.

Constructs	Cronbach's alpha	Composite reliability	Average variance extracted
Cognitive flexbility	0.617	0.776	0.553
Authenticity In Relationships	0.684	0.863	0.760
Mental Health	0.821	0.882	0.653
Marital Satisfaction	0.914	0.932	0.665

Table 7. Discriminant Validity of Second-Order Constructs: Fornell-Larcker Criterion.

Constructs	1	2	3	4
1.Authenticity In Relationships	0.872*			
2.Cognitive Flexbility	0.325	0.744*		
3.Marital Satisfaction	0.619	0.263	0.815*	
4.Mental Health	-0.364	-0.525	-0.419	0.808*

Note: Values on the diagonal (*) represent the square root of the Average Variance Extracted (√AVE). Off-diagonal values are inter-construct correlations. Discriminant validity is confirmed when √AVE exceeds the correlations in the respective row and column (42).

Table 8. Discriminant Validity of Second-Order Constructs: HTMT Ratio.

Constructs	1	2	3	4
1.Authenticity In Relationships				
2.Cognitive flexibility	0.485			
3.Marital Satisfaction	0.778	0.308		
4.Mental Health	0.483	0.630	0.482	

Table 9. Results of hypotheses testing.

Hypothesis / Path	β	VIF	f^2	T	P	Result	f^2 Interpretation
Cognitive flexibility -> Authenticity In Relationships	0.325	1.000	0.118	6.542	0.000	Supported	Small
Authenticity In Relationships -> Marital Satisfaction	0.544	1.186	0.436	11.211	0.000	Supported	Large
Cognitive flexibility -> Mental Health	-0.525	1.000	0.381	12.803	0.000	Supported	Large
Mental Health -> Marital Satisfaction	-0.242	1.466	0.070	4.140	0.000	Supported	Small
Cognitive flexibility -> Marital Satisfaction (Direct, with mediators)	-0.041	1.421	0.002	0.765	0.444	Rejected	Negligible

Table 10. R^2 and Q^2 Values for Endogenous Constructs.

Dependent Variable (Construct	R^2	Q^2
Marital Satisfaction	0.428	0.279
Mental Health	0.276	0.176
Authenticity in Relationships	0.105	0.075

PLS-SEM Model Fit Results

The overall model fit was acceptable to strong, as indicated by the GOF value of 0.364, the SRMR value of 0.082, and the NFI value of 0.798.

Mediation Analysis

Structural Equation Modeling (SEM) is an advanced regression-based method that allows for the examination of the multiple roles of variables within a conceptual framework (47). It also overcomes the limitations of traditional multiple regression and path analyses (48). In the present study, the direct effect of cognitive flexibility on marital satisfaction was significant when assessed without the mediators ($\beta = 0.275$, $p < 0.001$). However, after introducing both mediators—authenticity in relationships and mental health—simultaneously within a parallel mediation model, the direct effect became non-significant, while the indirect effects through each mediator remained significant.

This pattern indicates full mediation, highlighting that the impact of cognitive flexibility on marital satisfaction is primarily conveyed through authenticity in relationships and mental health, rather than through a simple direct pathway.

Discussion

This study examined the mediating roles of relationship authenticity and mental health in the association between cognitive flexibility and marital satisfaction among married women. The structural equation modeling results revealed that cognitive flexibility predicted marital satisfaction only indirectly through these two mediators, with the direct path becoming non-significant, a pattern indicative of full mediation, where the influence operates entirely via enhanced authenticity in intimate relationships and improved mental health. Notably, due to the scoring of the mental health questionnaire (lower scores indicating better health), the path coefficients appeared negative but reflected positive associations overall.

Previous research has established robust connections among the key variables examined in this study. Specifically, cognitive flexibility is consistently linked to improved mental health outcomes through mechanisms such as strengthened cognitive control, effective emotional regulation, and enhanced psychological resilience (11, 13, 17, 49-51). This capacity to adapt thought patterns enables individuals to respond constructively to stressors, preventing maladaptive behaviors, such as rumination (49). Furthermore, mental health is a pivotal factor in marital dynamics (52, 53). Optimal psychological well-being is strongly associated with higher marital satisfaction, enhancing a couple's capacity for emotional support and mutual empathy (54, 55), while psychological disorders, such as depression and anxiety, have been shown to intensify negative interactions and reduce marital satisfaction (53, 56).

In the context of relational quality, authenticity has also

been consistently identified as a positive predictor of marital satisfaction (20, 22, 57-60), driven by mechanisms such as honest self-disclosure, increased trust, empathy, and better conflict resolution (59, 61). Finally, research has previously demonstrated a strong relationship between cognitive flexibility and authenticity, indicating that flexible thinkers are better equipped to overcome rigid social norms and express their true self (12, 62). These established connections collectively underscore the importance of cognitive-emotional resources and genuine expression in fostering successful marital outcomes.

Theoretically, cognitive flexibility enhances mental health through mechanisms such as strengthened cognitive control, improved emotional regulation, adaptive responses to stressors, prevention of rumination, adoption of diverse perspectives, creative problem-solving, psychological resilience, stress reduction, burnout prevention, and neurobiological regulation of negative emotions via prefrontal cortex activity (49, 51). This, in turn, directly predicts marital satisfaction by enabling constructive interactions and optimistic outlooks while countering maladaptive cycles (54, 56). Additionally, cognitive flexibility fosters authenticity by facilitating a departure from rigid thought patterns and social norms, reassessment of perspectives, acceptance of uncertainty, free expression of true feelings and values, and liberation from external pressures, ultimately reducing relational conflict and stress (12, 62).

Authentic behaviors, including honest disclosure of emotions, desires, and inner values, promote self-disclosure, trust, compatibility, empathy, acceptance, effective emotion regulation, and burnout prevention, thereby increasing satisfaction and functioning (59, 61, 63). This dual mediation is consistent with Gross's emotion regulation process model (64), in which cognitive reappraisal reframes emotionally arousing situations to promote positive experiences and constructive responses in conflicts, transmitting the benefits of flexibility through mental health and authenticity (65).

These insights inform clinical interventions by highlighting programs that strengthen cognitive flexibility and authentic self-expression, which can improve mental health and marital satisfaction. For example, cognitive-behavioral strategies focusing on reappraisal and empathy-building could disrupt negative cycles and build resilience, particularly for couples in urban contexts such as Tehran, by integrating preventive and therapeutic approaches to foster healthier relationships.

Despite these important findings, several limitations of this study should be acknowledged. First, the study sample was limited to married women aged 22 to 52 living in Tehran with at least one year of marriage, which restricts the generalizability of the results to men and non-urban populations. Second, the cross-sectional design means that the findings only reflect associations among variables at a single point in time and do not allow for conclusions about the stability or direction of these relationships over time. Third, exclusive reliance on self-report questionnaires may have introduced response bias, such as social desirability.

Therefore, future research should recruit more diverse samples, including married men and participants from different cities and cultural contexts. Longitudinal designs would also help clarify the stability and directionality of these associations over time. Finally, using more objective assessment methods, such as structured clinical interviews or behavioral observations, would enhance the accuracy, validity, and generalizability of the findings of future studies.

Conclusion

This study highlights the crucial indirect role of cognitive flexibility in enhancing marital satisfaction among married women, mediated by relationship authenticity and mental health. These findings advance the theoretical understanding of marital dynamics by demonstrating how adaptive cognition supports mental health and authentic relational behaviors, thereby fostering resilient interactions. Practically, the results offer targeted guidance for clinical and preventive interventions: programs that strengthen cognitive flexibility and promote authentic self-expression can improve mental health, facilitate constructive conflict resolution, and increase marital satisfaction in women. By incorporating these insights into therapeutic strategies, practitioners can help couples cultivate empathetic and enduring partnerships that support long-term marital satisfaction.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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